

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS49AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2008
NAME OF PROVIDER OR SUPPLIER A & J CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5217 W GOWAN ROAD LAS VEGAS, NV 89130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation survey conducted at your facility on June 19, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as a residential facility for groups to provide care for 9 elderly or disabled persons, Category 2 Residents.</p> <p>The census was 8.</p> <p>There were 2 complaints investigated during the survey. Complaint #NV15564 Unsubstantiated. Complaint #NV18446 Substantiated without deficiencies.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 179 SS=D	<p>449.209(6) Health and Sanitation-Screens</p> <p>NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be</p>	Y 179		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 179	Continued From page 1 screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure 2 windows in residents' bedrooms were equipped with a screen. Findings include: On 6/19/08, the windows in Bedroom #5 and #6 were not equipped with screens. Severity: 2 Scope: 1	Y 179		
Y 301 SS=E	449.218(2) Bedrooms - Window Requirement NAC 449.218 2. Each bedroom in a residential facility must have one or more windows that can be opened from the inside without the use of tools or a door to the outside which is at least 36 inches wide and can be opened from the inside. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure 2 resident bedrooms were equipped with openable windows. Findings include: On 6/19/08 in the afternoon, the following rooms did not have windows which were openable: Bedroom #8: The window had a wooden board secured over it. Bedroom #5: The window was not openable.	Y 301		

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Y 301	Continued From page 2	Y 301		
	Severity: 2 Scope: 2			
Y 936 SS=D	<p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by:</p> <p>NAC 441A.380 is hereby amended to read as follows:</p> <p>441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum; (4) Has a fever</p>	Y 936		

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Y 936	<p>Continued From page 3</p> <p>which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis.</p> <p>(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.</p> <p>(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest</p>	Y 936			

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Y 936	Continued From page 4 radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall	Y 936		

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Y 936	<p>Continued From page 5</p> <p>ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on record review, the facility failed to ensure tuberculin screening testing was provided in accordance with NAC 441A for 2 of 8 residents (Resident #5, #8).</p> <p>Findings include:</p> <p>1. Resident #5 was admitted to the facility on 1/18/07. There was no documentation of an initial 2-step Mantoux tuberculin skin test. The only documented tuberculin testing was a 1-step Mantoux tuberculin skin test dated 9/16/06, 0 mm results.</p> <p>2. Resident #8 was admitted to the facility on 4/22/08. There was no documentation of an initial 2-step Mantoux tuberculin skin test. The only documented tuberculin testing was a 1-step Mantoux tuberculin skin test administered</p>	Y 936		

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Y 936	Continued From page 6 4/30/08, with no documented testing results. Severity: 2 Scope: 1 Repeat Deficiency: 4/18/07	Y 936		
YA905 SS=D	449.2746(1)(a-c) PRN Medication NAC 449.2746 1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless: (a) The resident is able to determine his need for the medication; (b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given and the frequency with which the medication may be given. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the caregiver had received written instructions indicating the specific symptoms for which as needed (prn) medications may be given for 2 of 8 residents (Resident #3, #5). Findings include: The facility maintains custody and assists in the administration of medication for Resident #1, #2, #3, #4, #5, #6 and #7, 7 of 7 residents.	YA905		

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YA905	<p>Continued From page 7</p> <p>1. Resident #3 was admitted to the facility on 11/7/07. On 6/19/08, the medication bucket for Resident #3 contained Lorazepam, take 1 tablet by mouth twice daily as needed, ordered 3/14/08. There was no documentation of the written instructions for the specific symptoms for which the prn medication may be given.</p> <p>2. Resident #5 was admitted to the facility on 1/18/07. On 6/19/08, the medication bucket for Resident #5 contained Temazepam, 15 milligram, 1 capsule at bedtime prn, ordered 4/1/08. There was no documentation of the written instructions for the specific symptoms for which the prn medication may be given.</p> <p>Severity: 2 Scope: 1</p> <p>Repeat Deficiency: 4/18/07</p>	YA905		

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